



Mailing Address

P.O. Box 94185
Baton Rouge, LA 70804-9185
Phone: 225/342-5398

Quality Jobs Program Application

Visit <https://www.ledpro.led.louisiana.gov> for on-line filing

Physical Address

1051 North Third Street
Baton Rouge, LA 70802
Fax: 225/342-0142

PLEASE TYPE

Date: _____

BUSINESS INFORMATION

*Advance Notification #: _____

*Business Name _____ *Year Established in Louisiana _____

Corporate Name (if different from business name - optional) _____

*Mailing Address1 _____ Mailing Address2 _____

*City _____ *State _____ *Zip Code _____ - _____

Physical Address1 (If Different from Mailing) _____

Physical Address2 _____

City _____ State _____ Zip Code _____ - _____

*Phone Number _____ Ext _____ Fax Number _____

Website Address _____ *Is it a foreign-owned company? ☐ Yes ☐ No

State/Province _____ Country _____ *NAICS Code _____

*Ownership Type: ☐ Corporation ☐ Limited Liability ☐ General Partnership ☐ S-Corporation
☐ Limited Partnership ☐ Non-Profit Organization ☐ Federal Government ☐ State/Local Gov't
☐ Out-of-State Gov't ☐ Foreign Corporation ☐ University ☐ Other

*Name of Health Insurance Plan _____ Month Fiscal Year Ends _____

BUSINESS IDENTIFICATION INFORMATION

*Federal Tax ID _____ Dun & Bradstreet Number _____

*Department of Labor Unemployment Insurance ID _____ *Department of Revenue ID _____

PARENT COMPANY INFORMATION

Company Name _____

Address1 _____ Address2 _____

City _____ State _____ Zip Code _____ - _____

Phone Number _____ Ext _____ Fax Number _____

Website Address _____

PROJECT INFORMATION

*Project Type: ☐ Start-up/New ☐ Addition ☐ Expansion

Project Name: (Optional) _____

*Provide a description of this project. _____

*Project Physical Address1 _____ Project Physical Address2 _____

*City _____ *State _____ *Zip Code _____ - _____

*Phone Number _____ Ext _____ Fax Number _____

*Parish _____ Municipal District (If Orleans parish) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Census Tract _____ Block Group _____ *Is this project within city limits? ☐ Yes ☐ No *NAICS Code _____

Economic Development Zone _____

ESTIMATED PROJECT DATES AND INFORMATION

*Beginning Date _____ *Ending Date _____

Estimated Investments Costs		Estimated Number of Jobs		Estimated Payroll	
*Building & Material	\$	*New		*New	\$
*Machinery & Equipment	\$	*Existing		*Existing	\$
*Labor & Engineering	\$	*Transferred In-State		*Transferred In-State	\$
		Transferred Out-of-State		Transferred Out-of-State	\$
		Contract		Contract	\$
		*Construction		*Construction	\$
*Total Investment	\$	*Total Jobs		*Total Payroll	\$

CONTACT INFORMATION

*Contact Type (Must have legal authority to sign this form): ☐ Business ☐ Consultant ☐ Other

*Prefix _____ * First Name _____ MI _____ *Last Name _____ Suffix _____

*Contact Person's Company name _____ *Title _____

*Mailing Address1 _____ Mailing Address2 _____

*City _____ *State _____ *Zip Code _____ - _____

*Phone Number _____ Ext _____ Fax Number _____

*Email Address _____

*Has another location within the state been closed or lost employment as a result of this project? ☐ Yes ☐ No
If yes, attach a separate sheet listing the location(s) and number of employees lost at each location.

*Are you affiliated with an organization that has a Quality Jobs Contract? ☐ Yes ☐ No

*Is this company affiliated through common ownership with any other group doing business in Louisiana? ☐ Yes ☐ No

GAMING

The Board of Commerce and Industry has adopted rules prohibiting any business engaged in or owned by someone engaged in gaming from being eligible to participate in the Quality Jobs Program.

*Has the applicant or any affiliates received, applied for, or considered applying for a license to conduct gaming activities? ☐ Yes ☐ No
If yes, attached a detailed explanation, including the name of the entity receiving or applying for the license, the relationship to the applicant if an affiliate, the location, and the type of gaming activities.

EMISSIONS INFORMATION

*Are you currently under citation for any violation? ☐ Yes ☐ No (If yes, attach explanation on separate sheet.)

*Will you meet all applicable environmental standards in operating this business? ☐ Yes ☐ No (If no, attach explanation on separate sheet.)

QUALITY JOBS PRO FORMA - EMPLOYMENT

*Year	*Number of New Direct Jobs	*Annual Gross Payroll (For Current Year New Direct Jobs)	Cumulative New Direct Jobs	Cumulative Annual Gross Payroll
20__		\$		
20__		\$		
20__		\$		
20__		\$		
20__		\$		
20__		\$		
20__		\$		
20__		\$		
20__		\$		
20__		\$		
Total		\$		

* Denotes required fields.

If additional space is needed, type See Attached in the table below and attach list that provides the requested information.

QUALITY JOBS PRO FORMA - EXPENDITURES			
*Vendor Name	*Description of Item	*Quantity	*Estimated Costs
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

QUALITY JOBS PRO FORMA - TAXES

*Estimated State Sales/Use Tax _____ *Estimated Local Sales/Use Tax _____

*Year	*Louisiana Income Tax	*Louisiana Franchise Tax
20__	\$	\$
20__	\$	\$
20__	\$	\$
20__	\$	\$
20__	\$	\$
20__	\$	\$
20__	\$	\$
20__	\$	\$
20__	\$	\$
20__	\$	\$
Total	\$	\$

QUALITY JOBS FEES	
Estimated Payroll Tax Benefit	Estimated Sales Tax Rebate

*Estimated 10 Year Gross Payroll _____ *Estimated State Sales/Use Tax Rebate _____
 * X Benefit Rate (circle the rate used) 0.5 / 0.6 * + Estimated Local Sales/Use Tax Rebate _____
 * = Estimated Payroll Tax Benefits _____ * = Total Estimated Tax rebate _____

APPLICATION FEE: \$200 (minimum) --- \$5,000 (maximum)	FOR OFFICE USE ONLY
* Estimated Payroll Tax Benefit _____ * + Estimated Sales Tax Rebate _____ * x Percentage Due (2 / 10 %) <u>0.002</u> _____ * = Application Fee _____	DATE RECEIVED _____ CHECK AMOUNT _____ CHECK NUMBER _____ RECEIPT NUMBER _____ INITIALS _____

CERTIFICATION

BEFORE ME, the undersigned authority, personally came and appeared, who being first duly sworn did depose and say:
 That he/she is of _____ (Title) of _____ (Company). That this affidavit is made
 for the specific purpose of attesting that hiring began / will begin on the _____ day of _____, 20____, that all
 construction shown in this application will be completed on or about the _____ day of _____, 20____, that operation
 of these constructed facilities covered in this application will begin on or about the _____ day of _____, 20____, and
 that he/she has examined the information contained in this application and found the information given to be true and correct to the best of their
 knowledge. Sworn to and subscribed before me this _____ day of _____, 20____.

_____(Notary) BY: _____(Company Official)

* Denotes required fields.